

## Montana Office of Public Instruction Supplemental Educational Services Appeal of District Complaint Procedure



## **Instructions for Filing an Appeal:**

Complete the complaint procedure in the district in which the alleged non-compliance occurred. If the complainant is not satisfied with the response to the complaint, or if the district does not respond within 45 days of filing the complaint, the complainant may appeal the complaint to the Montana Office of Public Instruction (OPI). Complete the *Appeal of District Complaint Procedure* Form. Attach a copy of the complaint filed with the district or evidence that is has been 45 days since the district received a complaint. Mail the appeal form to:

Montana Office of Public Instruction
Attn: Shawna Pieske
PO Box 202501
Helena, MT 59620-2501

An original signature is required so a fax or email will not be sufficient for the appeal to be reviewed.

Upon receipt of the appeal, the OPI will determine whether the district complaint procedures have been completed, or the district has not responded to the complainant within the required 45 days. If district procedures have not been completed, the appeal will not be accepted. If it's determined that facts of the complaint, if true, would be out of compliance with NCLB Title I Part A section 1116, the appeal will be accepted. If it is determined that the complaint, even if true, is compliant with NCLB, the appeal will not be accepted. The OPI will request a report from the district and provide a written report within 60 days of receiving the district report, describing the decision regarding the alleged non-compliance and the reasons for the decision.

## **Montana Office of Public Instruction**

April 2012

## **Supplemental Educational Services Appeal of District Complaint Form**

If the complaint alleges non-compliance with NCLB Title I Part A section 1116 (Supplemental Educational Services), the complainant may direct an appeal to the Montana Office of Public Instruction (OPI) Supplemental Educational Services coordinator, after exhausting local procedures or after 45 days from filing a written complaint with the school district, whichever occurs first.

Name of person	filing appeal:						
Address of perso	n filing the app	eal:	Street	City		 State	ZIP Code
School district: _							
School district ad	ldress:						
			Street	Cit	Ty .	State	ZIP Code
Supplemental Ed	ucational Servi	ce Provider	r:				
Address:							
	Street	City		State	ZIP Cod	de	
compliance with Name:  Identify the sectional allegedly non-cor	Per on of NCLB Title	rson/District,	/SES			istrict or S	SES provider is
Give a brief state noncompliant.	ment indicating	g how the o	district, c	or the provi	der, is alle	ged to be	
Signature of person j	filing appeal			Date			

April 2012